

1957-1967

As the Board worked to tighten requirements for the practice of nursing in Minnesota, government expanded and technology advanced.

Demographics

In February of 1958, the Board published an inventory of RNs currently licensed in Minnesota. Of the 95 percent who responded to the survey:

- 41 percent were married
- 52 percent were single
- The rest were widowed, divorced or separated
- 39 percent were age 20-29
- 22 percent were age 30-39
- 18 percent were age 40-49
- 19 percent were over 50
- 0.5 percent were men

In an inventory of LPNs – taken at the same time with a 92 percent response:

- 43 percent were married
- 43 percent were single
- The rest were widowed, divorced or separated
- 50 percent were under 30
- 11 percent were age 30-39
- 15 percent were age 40-49
- 22 percent were age 50 or over
- 20 percent did not indicate age
- 1 percent were men

At the time of the survey, there were 30 accredited programs for registered nurses; 20 for practical nurses. During 1957-58 six new licensed practical nurse programs had been accredited:

- Austin School of Practical Nursing – June 28, 1958
- Brainerd Junior College Practical Nursing Program – June 28, 1958
- Bethesda Lutheran Hospital School of Practical Nursing, St. Paul – June 28, 1958
- Minnesota Department of Public Welfare Practical Psychiatric Nursing Program, Minneapolis October 5, 1957
- St. Frances Hospital School of Practical Nursing, Crookston, May 9, 1958
- Virginia School of Practical Nursing, Virginia, May 9, 1958

Licensure

As early as February of 1944, the Board considered proposals to license “all who nurse for hire.” A bill sponsored by the Minnesota Nurses Association was introduced during the 1945 legislative session. The Council of the State Medical Association objected; the bill was split in two parts and the portion concerning registered nurses was passed

without mandatory licensure. “The practical nurse bill was lost.” It was not until 1955 that the Minnesota Nurses Association Committee on Legislation began “collecting facts and information on mandatory licensure as a first step in promoting such a bill.”

In May of 1956, the American Nurses Association Committee on Legislation proposed a legal definition of professional and practical nursing:

“The practice of professional nursing means the performance for compensation of any act in the observation, care, and counsel of the ill, injured, or infirm, or in the maintenance of health or prevention of illness of others, or in the supervision and teaching of other personnel, or the administration of medication and treatments prescribed by a licensed physician or dentist; requiring substantial specialized judgment and skill and based on knowledge and application of the principles of biological, physical, and social science. The foregoing shall not be deemed to include acts of diagnosis or prescription of therapeutic or corrective measures.”

“The practice of practical nursing means the performance for compensation of selected acts in the care of the ill, injured, or infirm under the direction of a registered professional nurse or a licensed physician or a licensed dentist; and not requiring the substantial specialized skill, judgment, and knowledge required in professional nursing.”

In February of 1957, the Minnesota Nurses Association Current and Long Term Goals Committee made the following recommendations: “...a) that a better definition for nursing be incorporated into the nurse practice act, and b) that mandatory licensure be considered a not-too-distant goal.”

Finally, in 1959, the legislature passed the law providing for mandatory licensure of registered nurses, after July 1, 1960. Included was this definition of professional nursing:

“The practice of professional nursing means the performance for compensation or personal profit of a professional service in the care of those mentally or physically ill or in the prevention of illness or in the supervision of others engaged in caring for the ill or preventing illness which requires special education, knowledge and skill such as that ordinarily expected of an individual who has completed a course of instruction as describes in section 148.211, sub. 1” (diploma from a course of study at least 30 months in length at an accredited school of nursing).”

Also included in the 1959 law: “Nothing in this Act shall affect the requirements of nursing personnel in nursing homes or hospitals as set forth by regulations of the State Board of Health.”

However, after passage of the bill it was learned that the State Board of Health had not been requiring that the supervising nurse in a nursing home, listed as an RN, be a

Minnesota licensed nurse but had been accepting evidence that he or she was licensed in another state. The State Board of Health submitted a list of 197 names – 41 of those were not registered as RNs in Minnesota – 20 were in Minnesota non-practicing status and eight were in delinquent status.

On May 19, 1959 a conference was held at the State Department of Health. “It seemed evident that there will be efforts made on the part of the State Department of Health to ascertain that the person is a Minnesota registered nurse (or Minnesota licensed practical nurse) and that probably annually the Minnesota Board of Nursing can check the list of persons approved by the State Department of Health for such positions. If any such persons are noted not to be Minnesota RNs or Minnesota LPNs they can be contacted by the Minnesota Board of Nursing to clear their status promptly.” (From the notes of Leonora Collatz, executive secretary of the Board, May 19, 1959.)

After much correspondence and many meetings, it appeared that the “State Department of Health would eventually like to reclassify some of these nursing homes into those requiring intensive nursing care and those providing more custodial care. Probably in the former group it would be necessary that the supervising nurse always be a registered nurse. Probably in the latter the supervising nurse could be a licensed practical nurse.” (From the notes of Leonora Collatz, executive secretary of the Board, May 19, 1959.)

And in 1961, the requirements for licensure as RN and LPN were changed. The age requirement is eliminated and the applicant must

1. Be of good moral character.
2. Have good mental health (no mention of physical health).
3. Meet the secondary education requirements as determined by the board and other preliminary qualification requirements as the board may prescribe.
4. Have completed a course of study in an approved school of professional nursing and hold a diploma for RNs; completion of a course of study in an approved school of practical nursing for LPNs (the course length requirements are removed).

In 1962, the Board decided that persons licensed in other states after 1962 will qualify for Minnesota LPN licensure only if they are graduates of accredited schools and have suitable scores on the NLN State Board Test Pool Examination.

On May 19, 1964 in a speech regarding mandatory LPN licensure, Board Executive Secretary Leonora Collatz said “It is important for your organization to know the stand of the ANA that nursing is one occupational field so its practice should be controlled by one licensing law, administered by one Board of Nursing. Practical nursing functions are no different from professional nursing functions, they comprise part of the scope of functions of the whole field of nursing, they do not constitute some different kind of functions.”

As Government Grows, the Board Learns Its Place in the Bureaucracy

From the minutes of the October 3, 1958 Board meeting: "A letter recently received from the Department of Administration about budget preparation for the 1959 legislature was reported. Subsequent conversation with the budget examiner of that department revealed that a budgetary item is prepared each biennial period by that department for the Minnesota Board of Nursing. This news was startling to both staff and board members as no word of such a budget has been known to them. The executive secretary is to try to obtain copies of budgets so prepared from 1945 on. It might be advisable for the office and Board to prepare its own budget in the future and information about this is to be sought."

In early 1959, the Governor issued an Executive Order on Ethics in Public Service. Board members addressed this development with some consternation. "The Governor's Executive Order about ethics in public service and responsibilities of the Board members and Executive Secretary were presented. There was discussion about the statements and about the required reports to the Public Examiner's office and to the Governor. A number of questions were raised – Does the word 'association' apply to professional organizations? As Board members get their major salary from an employer other than the state are they to declare that salary in the report? Is a school of nursing or a department of nursing of a college a 'business entity'? Should the 'contributed salary' of a Sister be included? Does the \$100 limit apply to gifts only or also to licenses and reimbursements. Executive Secretary to obtain a clarification and report back."

In 1963, the Board learned that it had been acting contrary to state law by insuring its property. "Following an audit by the Public Examiner the Board accepted a recommendation: 'Fire and extended coverage insurance on office contents which had been in effect for many years, was discontinued in January 1963, to conform to M.S.A. Section 71.32 that no public funds shall be expended for such insurance on state property.'" The policy was discontinued and a refund of \$21.23 was obtained.

With a spirit of cooperation among agencies, the Board in 1964 supported a proposal from the Department of Public Welfare: "It was the consensus that the Minnesota Board of Nursing should send an official letter to the Civil Service Department supporting the statements from Mr. Gardner, State Department of Public Welfare, about establishing a category of licensed practical nurse in state Civil Service to encourage employment of such persons."

Legislative action in 1963 required that, by August 1, 1964, new rules for licensing boards be promulgated according to procedure which was in effect for most of the other departments of state government – "The fundamental purpose is to make administrative rules available in an accessible form to lawyers and others." The Attorney General's office "pointed out two areas where currently operating rules appeared to need major review and revision from a strictly legal point of view. Miss Collatz stated that it was evident that these areas had been developed over the years by the Board with good faith and sincere motives of protection of the public and concern for the individual..."

“The first had to do with the language of the rules “for practical nursing school accreditation (which) are much more limited than those for professional schools of nursing.”

The second had to do with discipline: “The deliberate and detailed procedure described in the law for revocation of a license should be adhered to for other types of discipline to a greater degree than the Board practice has been.”

The Cold War and National Events

March 1959, “Office plans for a relocation site in the event of a Civil Defense emergency were discussed. Communications with State and local Civil Defense officials was reported, indicating that Red Wing probably would be the nearest relocation site on the evacuation route for this office. During further discussion the question was raised as to the possibility of storing minimal microfilm materials in Winona at the College of Saint Teresa as a more suitable site.....although further away than Red Wing. The possible use of a safety deposit box in Red Wing or Winona is also to be investigated.”

In January of 1963, two Minnesota registered nurses joined the Peace Corps.

November, 1963: “Office open on Saturday, November 23 instead of Friday, November 29, by order of the Governor to allow for long Thanksgiving holiday. Office closed by order of the Governor on November 25 on Day of Mourning for assassinated President John F. Kennedy.”

On July 30, 1965, the Medicare amendments to the Social Security legislation were signed into law by President Lyndon B. Johnson. Former President Harry S Truman was the first Medicare beneficiary and got the first Medicare card. Title XIX of the Act specified requirements for nursing homes, which caused considerable worry for the Minnesota Board of Nursing and others nationwide. Writing in 1967, Dr. Carl Siegel, a Regional Program Director of the Medical Care Administration, asked about Minnesota standards for Licensed Practical Nurses:

“We have an urgent need to obtain information about practical nurse licensure. Within the past months we have learned that a number of states provide an equivalency clause in their practical nurse licensing legislation whereby individuals are permitted to take the State Board Examination and obtain a practical nurse license....Allegedly, this is permitted for individuals having certain educational backgrounds other than graduation from state-approved practical nurse schools. Requests to permit these practical nurses to serve in charge nurse capacities in extended care facilities continue to be received and it is anticipated that similar questions will arise.....As you know, we are very anxious to protect and retain the ‘Charge Nurse’ Standard in the Conditions of Participation for Extended Care Facilities. To provide additional support for this Standard,

information about practical nurses is needed that is not available from National sources.”

In her response Leonora Collatz wrote, in part: “We have had something of a deluge of applicants again for practical nurse licensure from persons who are not graduates from an approved program. Since the Medicare concern with extended care units or nursing homes has become prominent, we believe many of the persons who became licensed here under an equivalency proviso were and still are very fine practitioners. Others, probably those who qualified in the early years of the law by experience rather than completion of any formal educational program, may or may not be as adequate in present day nursing practice as one might desire.....We might well hope that every nursing home or extended care facility could have the benefit of a well-qualified registered nurse to be this person in charge on each of the shifts each day of the week. We know however that there do not seem to be enough of such well-qualified registered nurses to fill all of these positions and that very often a well-qualified LPN working under standing orders and with access to the qualified supervisor may be able to function rather satisfactorily.”

In further correspondence with the federal Department of Health, Education and Welfare, she says: “If the problem causing all of this is in the Federal regulations, then perhaps that is what should be changed instead of the individual state laws. No doubt, I am not completely informed about all of this problem and particularly as it exists in other states. I certainly think that standards for nursing homes and hospitals should aim at registered nurse supervision, including a registered nurse on each shift in even the smallest of nursing homes. Since we do not have this kind of coverage, yet even in our own state, I know that this must also be true elsewhere. It seems to me that there are plenty of registered nurses who could be employed in these capacities in nursing homes if the administrative, professional and economic situations in nursing homes were more favorable for their employment. In any case, it would seem to me there would be enough licensed practical nurses who were licensed by the State Board Test Pool examination, following completion of a state approved educational program to serve in “charge” nurse capacity in nursing homes except that gets into the problem also of possible violation of the mandatory professional nursing law when such a term as ‘charge nurse’ is used and such a position is filled by someone other than a registered nurse.”

Rural Health Nurses

In 1965, the University of Minnesota Department of Health asked the Board of Nursing to support its grant request for a project entitled “Increasing the Availability of Rural Public Health Nurses.” Alberta B. Wilson, Chief of the Section of Nursing at the University cited the following statistics: “Among Minnesota’s 87 counties, 14 have no plans to provide public health nursing services. Fifty-three additional counties have one-nurse services. There are usually about 20 vacancies – some counties have had vacancies three or four years.”

In supporting the grant request, the Board of Nursing wrote: “The members of the Minnesota Board of Nursing wish to express their support of the need for a project of this

sort, and are sending this letter to you as encouragement to see the Federal and other funds necessary to carry out this study. A continuing need for more and better prepared public health nurses is urgent in our state.”

Technology Advances

In October of 1958, the Board Authorized the purchase of a microfilm reader for \$450 and in 1960, in a big step, the Executive Secretary reported to the Board “We are planning to start machine handling through the I.B.M. method for renewals.....will be able to process them much faster than has been the case in the last two or three years.”

In an experiment foreshadowing online learning, KTCA-TV (public television), in 1964 broadcast a course called “Basic Concepts and Techniques in Nursing Care.” The courses continued and on October 7, 1967 the Board minutes noted “Twin City Diploma Programs involved with Channel 2 Video Nursing Courses are exploring the ways in which college credit might be granted for television courses.”

Standards, Testing, Education, Nursing Practice

The Board’s early and ongoing insistence on high educational standards is evident in Minnesota’s standing on the State Board Test Pool Examinations for registered nurses from October 1, 1961 to September 30, 1962.

	National Mean Score	Minnesota Mean
Medical Nursing – 5 th	517.7	562.1
Surgical Nursing – 12 th	517.3	550.9
Obstetric Nursing – 8 th	513.2	543.5
Psychiatric Nursing – 5 th	522.2	569.5
Nursing of Children – 9 th	512.2	544.7

Average of all five – National 516.5 Minnesota 554.1

During this same period, Minnesota’s LPN mean score ranked 8th of 50 US jurisdictions.

The following description of the Board’s work on accreditation is from the 1962-63 Annual Report: “Accreditation for both the RN and LPN laws involves development and revision of standards for accreditation of programs, review of applications from institutions wishing to become accredited, surveying institutions to determine whether or not they qualify for accreditation, periodic review of accredited programs, educational consultation to institutions interested in operating accredited programs as well as to those already approved, and collaboration with many professional and related groups in regard to improvement of nursing service and nursing education in Minnesota.”

Early in 1964 the Minnesota Board of Nursing and Minnesota Nurses Association staffs met to discuss legislation, development of associate degree programs, and nurses with problems of mental illness or incompetence. Possible conferences statewide in relation to

levels of nursing were among the matters reported. "Board members agreed that such conferences should be helpful in eventual development of guides for assigning nursing functions and activities statewide."

"Board members agreed that it would be desirable to contact the State Junior College Board about the interest of the Minnesota Board of Nursing, Minnesota Nurses Association and the Minnesota League for Nursing in suitable development of associate degree programs in nursing. It was agreed that Miss Tollefsrud should serve as Board member on the planning committee with staff members and representative of the Minnesota Nurses Association.

"It was decided to schedule a conference with school administrative officers for April, with the topic of discussion to be preparation of graduates from different programs and what level or kind of nursing they should do."

Also in January of 1964, the Board did an intensive review of the NLN test plan. Some comments: "Check to see that communicable disease nursing is not unduly emphasized; make an effort to incorporate more of the questions into 'situation-type' items; avoid multiple items within each of the proposed answers; emphasize nursing principles and continue to decrease the amount of questions which required memorization only, or which require judgments usually in the realm of physicians; review general sequence in obstetric nursing test to facilitate better understanding of the questions by those writing the test."

And in late 1964 "Board members discussed the need for eventual revision of regulations to raise standards and eventually improve the practical nursing school operations."

The minutes of the December 4, 1964 Board meeting include the following: "The need for regional planning regarding nursing education programs was discussed at several points during this meeting. It was agreed that a small committee representing the Minnesota Nurses Association, Minnesota League for Nursing, Minnesota Board of Nursing, Minnesota Licensed Practical Nurses Association, Public Health Nursing, State Department of Health and the University of Minnesota School of Nursing should be called together by early January to consider the need for establishing a more permanent group to review location, quality, problems and needs of nursing education programs, now and in the future."

In 1966, the Board learned that it was not entirely immune to political pressure. On August 27, 1966, the LPN Board denied approval to the Bemidji Practical Nurse Program – "daily average census only 45+newborn." On September 1, 1966 Miss Collatz wrote to board members: "We hear via the grapevine that there may be repercussions by the State Commissioner of Education and by a State Senator on the action taken by this Board which denied approval of Bemidji Area Vocational-Technical School Practical Nursing Program."

So on September 16, 1966, the Board met with the Bemidji people and informed them an exception would be made emphasizing the points “of an exception being made because of the expenditure of money, time and effort following a misunderstanding by the school people about the hospital census being adequate.....also made the point that the board did not consider this a precedent.” The board intended to continue its requirements.

Scholarships

Administrative responsibilities for the Nurse Scholarship Law (enacted in 1951) were transferred from the State Department of Education to the Minnesota Board of Nursing in 1959. The Scholarship Committee consisted of representation from the Minnesota Nurses Association, Minnesota League for Nursing, State Department of Education, State Department of Public Welfare, and a Board and staff member.

The Board members had many concerns: At a special meeting on July 14, 1959, “This transfer occurred at a time when ordinarily about 200 applicants must receive immediate handling so that they may make plans about entering schools in September. Problems involved in transfer of administration, clarification of legal responsibilities for previously encumbered funds, establishment of policies and securing of staff present probable delays in ordinary procedure this year.” A great number of details had to be worked out and so the Board, which had ultimate responsibility for awarding scholarships, appointed a committee to advise it. On August 7, 1959, the committee, working with great speed and efficiency reported, and the Board approved its recommendations for awards and rejections.

Also, from the 1962-63 Annual Report: “Due to the law’s stipulation that students must be in a program providing either a rural nursing or state hospital psychiatric nursing course, some schools have had to provide such courses only for scholarship recipients (as a special, atypical part of the school’s program), in order to have students benefit by the financial aid. Some schools have been unable or unwilling to modify their curricula to include this; consequently, students in these schools are not helped by these funds. A considerable opinion is present to suggest that these specific requirements which hamper sound curriculum development (and actually dictates internal school decisions) be deleted. Efforts to change this through legislative action failed.”

In 1967, 67 nurse scholarships were offered with \$9,650 going to counties with a population under 100,000 and \$25,000 to counties with population over 100,000.

Other Interesting Happenings

During the 1960s, the Board minutes became far less formal and much briefer, very unlike the detailed and lengthy minutes from earlier decades. The use of acronyms was extensive.

In December 1964 the Certificate of Payroll showed that 10 Board employees were paid \$4191 for the month.

In 1963 Kimi Hara resigned the Board, became staff, and was appointed Associate Executive Director.

Throughout this decade, the Board continued to correspond with the U.S. Immigration Office about foreign nurses and licensure. And in late 1967 another discussion on regulations requiring examination for foreign nurses was held: "The professional staff would review and not bring before the Board an individual educated in Canada, already licensed elsewhere in the United States. However, any other sorts of variations will be brought to Board's attention."

In 1964 the Board reviewed its policies with regard to "Special Individuals" and incorporated suggestions from officials in the State Department of Public Welfare, the Hamm Clinic and the Department of Psychiatry at the University of Minnesota. They decided to ask the Attorney General if the Board could pay the fee for a psychiatrist in the cases of problem people and noted that they thought it was legal to share information with a psychiatrist regarding a problem individual. "Mrs. Hara reported that 72 persons were problems." There is no indication of the Attorney General's response.

In June of 1966 Miss Collatz reported that "at a state boards conference the delegates voted to "adopt a national minimum salary goal for beginning general staff nurses of \$6500 per year. (I believe St. Paul general staff nurses are making about \$4900 per year, and those in smaller communities in Minnesota make even less as beginning salary)...There was great enthusiasm about finally making such a statement. As one sister said, 'it is time that nurses stopped subsidizing health care by their willingness to accept substandard salaries'. Many wanted to make the minimum goal \$7,200. It appears that in California, Chicago and New York approximately this salary is now being paid. One Alabama nurse said, 'if we reach that goal, it will be the millennium!!'"

1967 marked 60 years for the Minnesota Board of Nursing. The Board met Fridays for the RN law and then joined with LPN members on Saturdays to administer the LPN law.

Officers elected August 4, 1967:

President – Miss Dorothy Titt
Vice President – Sister Rita Marie Bergeron
Secretary-Treasurer – Mrs. Adele Espelien
Other members:
Miss Valborg Tollefsrud
Miss Harriet Bestul
Mrs. Ruth Gabrielson
Mrs. Marian Hawkinson

LPN members were:
Mrs. Sarah Roper, LPN
Dr. Burton Ford
Mrs. Ada McAllister, Hospital Administrator